

## CERTIFICATE OF INSURANCE

03/26/93

PRODUCER

SHAMROCK AGENCIES, INC.

P O Box 438 443 Union Place  
Excelsior, MN  
55331-  
PHONE 612-474-0929

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERES  
NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND,  
EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

## INSURED

Greater Mpls. Day Care Assn.  
1628 Elliot Avenue South  
Mpls., MN  
55404

COMPANY LETTER A Westfield Insurance Company

COMPANY LETTER B State Fund Mutual Work Comp Co

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

## &gt; COVERAGES &lt;=====

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO: LTR:	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ALL LIMITS IN THOUSANDS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE 1000
A:	(X) COMMERCIAL GEN LIABILITY  [ ] [ ] CLAIMS MADE (X) OCC.  [ ] OWNER'S & CONTRACTORS PROTECTIVE	CWP 3481843	09/01/92	09/01/93	PRODS-COMP/OPS AGG. 1000  PERS. & ADVG. INJURY 1000.  EACH OCCURRENCE 1000  FIRE DAMAGE (ANY ONE FIRE) 50  MEDICAL EXPENSE (ANY ONE PERSON) 5
A:	(X) Contractual  [ ]	CWP 3481843	09/01/92	09/01/93	CSL 1000
	<b>AUTOMOBILE LIAB</b>				BODILY INJURY (PER PERSON)
A:	[ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS (X) HIRED AUTOS (X) NON-OWNED AUTOS [ ] GARAGE LIABILITY [ ]	CWP 3481843	09/01/92	09/01/93	BODILY INJURY (PER ACCIDENT)
	<b>EXCESS LIABILITY</b>				PROPERTY
	[ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM				EACH OCC AGGREGATE
B:	<b>WORKERS' COMP AND EMPLOYERS' LIAB</b>	4163.205	08/01/92	08/01/93	STATUTORY 100 500 100 EACH ACC DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
A:	<b>OTHER</b> Bond	DDD-594255	06/26/90	06/26/93	\$100,000

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Insured provides general information to providers and purchaser of day care services including operation of Child Care Information Network

## &gt; CERTIFICATE HOLDER &lt;=====

Sternfels & Co., Inc.  
504 Cedar Avenue  
Minneapolis, MN  
55454

ACORD 25-S (3/88)

## CANCELLATION &lt;=====

- = SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL TO DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
- = AUTHORIZED REPRESENTATIVE *Frank R. Shaw, Jr.*

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